Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION	ON GUIDE explains how t	o complete 1	ACCOUNT# (Ethics Commission	n fliers)	2 Total pages flied	:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI		JSE ONLY
NAME		Raymond		SUFFIX	Date Received	
	Ž	Zavala				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUI	ITE#; CITY;	STATE;	ZIP CODE		
ADDRESS Change of Address	812 S. Richter San Antonio, TX 78207				Date Hand-delivered o	r Date Postmarked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE I	NUMBER	EXTENSION	N		
PHONE	(210) 381-3379				Receipt #	Amount
6 CAMPAIGN TREASURER		FIRST		MI	Date Processed	
NAME		Alicia		SUFFIX	Date Imaged	
		Molina				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	EASE); APT/SUITE#	t; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or business	315 Micklejohn San Antonio, TX 78207					
8 CAMPAIGN TREASURER PHONE	(210) 737-7298	NUMBER	EXTENSION	N		
9 REPORT TYPE						
	30th Day Before Main I	Election				
10 PERIOD COVERED	Month Day Year	THROUG	Mont H	h Day	Year	
	1/1/2005			3/28/2005		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	_	_		_
	5/7/2005	Primary	Runoff	IX.	General	Spedal
12 OFFICE	OFFICE HELD (If any)	•	13 OFFICE SC	DUGHT (If known	1)	
			Counci	District 5		
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures Candidates are required to disclo					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address / PO Box; Apt. / Suite #;	City; State; Zip	Code			
additional pages						
		GO TO PA	AGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16ACCOUNT#(Ethics Commission flers)	
Mr Raymond Zava	ıla				
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made			date / officeholder. These expenditures ates and officeholders are required to report	
COMMITTEE(S)	COMMITTEE NAME GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
18 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHER THAN EES OF LOANS), UNLESS ITEMIZED	\$0	
		POLITICAL CONTRIBUTION PLEDGES, LOANS,	JTIONS OR GUARANTEES OF LOANS)	\$0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$0	
	4. TOTAL	POLITICAL EXPENDIT	URES	\$0	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION DRTING PERIOD	IS MAINTAINED AS OF THE LAST DA	\$0	
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF AL AY OF THE REPORTING PE	L OUTSTANDING LOANS AS OF THE	\$0	
19 AFFIDAVIT			<u> </u>		
				perjury, that the accompanying report information required to be reported by	
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Mr Raymond Zavala , this the 7th day					
of <u>April</u> , 20 <u>05</u> , to certify which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of off	iceradministering oath Ti	tle of officer administering oath	

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 1 of 1 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Mr Raymond Zavala Date In-kind contribution 5 Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) description (if applicable) City; State; Zip Code 6 Contributor address; Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Date Full name of contributor ut-of-state PAC (ID#; In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) description (if applicable) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	PLEDGE	D CONTRIBUTIONS			SCHEDULE B			
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule B: 1 of 1				
2	FILER NAMI	E		3 ACCOUNT# (Ethic	s Commission filers)			
L	Mr Raymor	nd Zavala						
4	TOT	AL OF UNITEMIZED PLEDGES: □ □	0 0	\Rightarrow \Rightarrow	\$			
5	Date	6 Full name of pledgor out-or-state PAC (ID# 7 Pledgor address; City; State; Zip Code)	8 Amount of 9 pledge (\$)	9 In-kind description (if applicable)			
10	Principal occup	cation / Job title (See Instructions)	11 Employer (See Ins	structions)				
	Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)			
Г	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)					
	Date	Full name of pledgor out-or-state PAC (ID# Pledgoraddress; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)			
r	Principal occup	Deation / Job title (See Instructions)	Employer (See Ins	structions)				
	Date	Full name of pledgorout-or-state PAC (ID# Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)			
Г	Principal occup	Deation / Job title (See Instructions)	Employer (See Ins	structions)				
	Date	Full name of pledgorout-or-state PAC (ID# Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)			
Г	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)				
		ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED				

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

not applicable

	POLITICAL EXPENDITURES					LE F
Г	The Instruction	N Guide explains how to complete this form.		1 Total pages	s Schedule F:	
2	FILER NAME				# (Ethics Commission file	ers)
4	Date	5 Payee name 6 Payee address; City; State; Zip Code			7 Amour (\$)	nt
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date	Payee name Payee address; City; State; Zip Code			Amour (\$)	nt .
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
	Date	Payee name Payee address; City; State; Zip Code			Amour (\$)	t
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
	Date	Payee name Payee address; City; State; Zip Code			Amour (\$)	t
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure name	to benefit C/OH •• Office sought	Office held
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED		

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POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS Total pages Schedule G: The Instruction Guide explains how to complete this form. 1 of 1 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Mr Raymond Zavala Date 5 Payee name 8 Amount (\$) 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Amount Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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		NT FROM POLITICAL CONTI JSINESS OF C/OH	RIBUTIONS		SCHEDULE H			
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	edule H:			
2	FILER NAME			3 ACCOUNT# (Ett	hics Commission filers)	_		
	Mr Raymon							
4	Date	5 Business name			7 Amount			
		6 Businessaddress; City; State; Zip Code						
8	Purpose of payl required.)	ment (See instructions regarding type of information	9 •• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held			
	Date	Business name			Amount (\$)			
		Business address; City; State; Zip Code						
	Purpose of payi	ment (See instructions regarding type of information		e if direct expenditure				
	required.)		Candidate / Officeho	ider name	Office sought Office held			
	Date	Business name			Amount (\$)			
		Business address; City; State; Zip Code			(4)			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held			
	Date	Business name			Amount (\$)			
		Business address; City; State; Zip Code						
	Purpose of payi required.)	ment (See instructions regarding type of information	•• Complets Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED							

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCI	4EI	ווור	E	

	The Instruction	Guide explains how to complete this form.	1 Total pages Sche	dule I:
	THE MOROCHO!	Toolse explains now to complete this form.	1 of 1	
2	FILER NAME	NAME 3 ACCOUNT# (Eth		hics Commission filers)
	Mr Raymon	d Zavala		
4	Date	5 Payee name		8 Amount
4	Date	5 rayee halile		(\$)
		6 Payee address; City; State; Zip Code		
		7 Purpose of expenditure (See instructions regarding type of information req	uired.)	
	F .			
	Date	Payee name		Amount (\$)
		Payee address; City; State; Zip Code		
		rayee address, Oity, State, Zipcode		
		Purpose of expenditure (See instructions regarding type of information req	uired.)	
=	Date	Payee name		Amount
	Date	rayee name		(\$)
		Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information req	uired.)	
			,	
	Date	Payee name		Amount
				(\$)
		Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information req	uired.)	
	Date	Payee name		Amount
				(\$)
		Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information req	uired.)	

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	CREDITS (optional)						HEDULE K
Г	The Instruction	Guide explains how to complete this form.	1	Total pag 1 of 1		dule K:	
2	FILER NAME 3 ACCOUNT # (I					ics Commissio	on filens)
L	Mr Raymon						
4	Date	5 Payor name				8	Amount (\$)
		6 Payoraddress; City; State; Zip Code					
		7 Reason for credit					
Г	Date	Payor name					Amount
		Payor address; City; State; Zip Code			. .		(\$)
		Reason for credit					
	Date	Payor name					Amount (\$)
		Payor address; City; State; Zip Code					
		Reason for credit					
	Date	Payor name					Amount (\$)
		Payor address; City; State; Zip Code					
		Reason for credit					
Г	Date	Payor name					Amount (\$)
		Payor address; City; State; Zip Code	• •				(49)
		Reason for credit					
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CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

		truction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME	2 ACCOUNT#(Ethics Commission filers)						
	Mr F	aymond Zavala							
3	SIGNA	TURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder								
4		WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Check	only one:							
		I do not have unexpended contributions or unexpended interest or income earned from political	al contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	В.	ASSETS							
	Check	only one:							
		I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.						
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	n political contributions to personal						
		Signa	ature of Candidate						
5		HOLDER							
	•• Comp	lete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not ham also aware that I will be required to file reports of unexpended contributions if, at the time I contributed with political contributions or interest or other income from political contributions.							
		Signa	ture of Officeholder						

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